

5. Total number of offices in Tennessee

6. Total number of professional staff in the firm, including owners (for this purpose, professionals are CPAs and other individuals expected to seek that status):

- ☐ A One ☐ C 6 to 10 ☐ E 20 to 49 ☐ G 100 or more
☐ B 2 to 5 ☐ D 1 to 19 ☐ F 50 to 99

7. During the last calendar year did the practice unit perform any of the following engagements:

- Compilations with disclosures? Yes ☐ No ☐
Compilations that omit substantially all disclosure? Yes ☐ No ☐
Reviews? Yes ☐ No ☐
Audits? Yes ☐ No ☐

If all are answered no, do you agree to advise the TSBA Peer Review Committee if your practice unit accepts an audit, review, or compilation so that a determination can be made as to whether your practice unit will be subject to a review?

Yes ☐ No ☐

8. Complete the following information concerning your practice unit's review:

a. Estimated commencement date ____ / ____ / ____

b. Information on the reviewer:

Log onto <http://www.state.tn.us/commerce/boards/tnsba/pdf/peerReview/PeerReviewList.pdf> to view an updated list of the approved reviewers.

1. Name:
2. Address:
3. Telephone and Fax Number:
4. Certificate Number and State:

9. Please check all the appropriate boxes for the areas in which the practice has engagements.

- ☐ 1. Reviews and Compilations
☐ 2. Prospective Financial Information
☐ 3. Personal Financial Statements
☐ 4. Audits of Employee Benefit Plans
☐ 5. Other Audits

- ☐ *6. Audits Under Government Auditing Standards (“yellow book”)
- ☐ *7. Audits of Federal Financial Assistance Programs
- ☐ *8. Audits of Financial Institutions
- ☐ *9. Audits of Rural Utility Services Borrowers
- ☐ *10. Attest Services (Excludes Prospective Financial Information)
- ☐ *11. Agreed-Upon Procedures under SAS No. 93

* A review performed by the TSBA Peer Review standards is not approved for Yellow Book standards or financial institutions. Should your firm contract to perform any of these audits, your review must be performed under the AICPA Peer Review Program.

10. Does your Practice Unit perform any accounting or auditing engagements through a joint venture, partnership, or corporate arrangement with another accounting firm?

Yes ☐ No ☐ If yes, briefly describe those engagements and the relationships with the parties outside your Practice Unit. _____

11. Do the owners of the firm and the Practice Unit itself have licenses to practice public accounting in this state?

Yes ☐ No ☐ If no, please explain _____.

12. Are there any limitations or restrictions on your firm’s or its personnel’s current ability to practice public accounting that were imposed by any regulatory, monitoring or enforcement body?

Yes ☐ No ☐ If yes, please explain _____.

13. I agree that I and the other owners and employees of the firm, if any, who have responded to the questions on this form and who will respond to inquiries made by the reviewer have done so and will continue to do so candidly without knowingly misrepresenting the facts or failing to disclose material facts or information.

Signature: _____ Date: _____

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This form must be returned within 30 days